

APPLICATION FOR STATE EMERGENCY RELIEF Family Independence Agency

Case Name						
Grantee Client ID			Case Number		Date	
County	District	Section	Unit	Worker	Other ID (as required)	

I hereby make application for the State Emergency Relief (SER) Program. I understand that the following information will be used in the determination of my eligibility for SER.

Check the item(s) you are requesting.

<input type="checkbox"/> RELOCATION SERVICES (first month's rent, rent arrearage, security deposit, or moving expenses)	<input type="checkbox"/> HOME OWNERSHIP SERVICES (house payments, property taxes, lot rent, or insurance coverage)
<input type="checkbox"/> ENERGY SERVICES (heat or electric shut off)	<input type="checkbox"/> UTILITY SERVICES (cooking fuel, water/sewer, deposits)
<input type="checkbox"/> HOME REPAIRS	<input type="checkbox"/> BURIAL SERVICES
<input type="checkbox"/> OTHER	

What is your emergency (briefly describe why emergency occurred). **(NOTE: YOU MUST PROVIDE PROOF OF INCOME, ASSETS AND EMERGENCY)** (For example: court-ordered eviction notice, actual energy bill and shutoff notice, estimate of home repair cost, etc).

List below all members of your household; including age and citizenship status. For SER a person is a member of a household if their personal belongings are there and it is where they sleep. Also include all adults and children temporarily absent due to illness or employment.

Name	Social Security Number	Age	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Age	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Age	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Age	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Age	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Age	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Age	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

ASSETS: Do you have any of the following assets? Enter the amounts. If none, enter "none". **(ATTACH PROOF OF AMOUNT/VALUE.)**

Cash on Hand \$	Checking Account \$	Savings Account \$	CD/Money Market \$	Stock/Bonds \$	IRA/401K \$	Any Other CASH Asset \$
Bank Name and Address:			Account number(s)			

Real estate other than the home you are living in? <input type="checkbox"/> Yes <input type="checkbox"/> No Value \$_____	List all motor vehicles (cars, motorcycles, boats, RV's, etc.)
Land Contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No Value \$_____	
Do you have more than one motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any recreational vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any other non-cash assets? <input type="checkbox"/> Yes <input type="checkbox"/> No	

INCOME:

It is necessary that we project your income for the next 30 days. List all income (earned, unearned, Social Security, SSI, Unemployment Benefits, etc.) that any person who resides in your household expects to receive in the next 30 days.

(PROVIDE PROOF OF CURRENT AMOUNTS.)

Name	Source	Name	Source
Paydates	Amount	Paydates	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Health Insurance Premiums you pay. Amount _____ Covers what time period (1mo., 3 mo. etc.)			
Court ordered child support you pay (amount per month, if none enter 0)			
\$			
Actual child care costs paid by you, not FIA. (Amount per month, if none enter 0)			
\$			
Did you have any unusual employment related expenses in the past months? (if yes attach proof) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you receive a Home Heating Credit in the last 6 months? <input type="checkbox"/> Yes amount \$ _____ <input type="checkbox"/> No			

SHELTER/HEAT/UTILITIES: (Fill in blanks and/or check items that describe your shelter situation)

Rent \$	Mortgage \$	Lot Rent \$			
Property Taxes (Yearly) If separate from mortgage payment \$		Homeowners Insurance (Yearly) If separate from mortgage payment \$			
Name of Fuel/Heat Provider	Account Number	Name of Electric Provider	Account Number		
Does your household share any meters? <input type="checkbox"/> No <input type="checkbox"/> Yes		My household pays for:			
Does your household share living expenses with anyone else? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____		<input type="checkbox"/> Heat			
Does anyone give you money to pay your bills? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, how much? \$ _____		<input type="checkbox"/> Electric			
Does anyone pay your bills for you? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much \$ _____ who pays? _____		<input type="checkbox"/> Water/Sewer			
		<input type="checkbox"/> Other			
		<input type="checkbox"/> None			
		<input type="checkbox"/> None			
Please indicate the number of household (HH) members and total HH income for the last 6 months.					
Month	Month	Month	Month	Month	Month
# in HH	# in HH	# in HH	# in HH	# in HH	# in HH
\$	\$	\$	\$	\$	\$
Were you responsible for paying shelter/heat/electric/utility bills for any of the last 6 months?					
No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what months and how much did you pay?					
Month	Month	Month	Month	Month	Month
Shelter \$	\$	\$	\$	\$	\$
Heat/electric \$	\$	\$	\$	\$	\$
Utilities \$	\$	\$	\$	\$	\$

BURIALS: If you are applying for burial services, please complete this section.

Decedent's name		Date of Death	Date of burial/cremation
Does the deceased own their home? <input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, enter current value: \$ _____		Address of the Home	
Is there a co-owner? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes →	Name and Address of Co-owner		
Does the deceased have any bank or credit union accounts: <input type="checkbox"/> No <input type="checkbox"/> Yes → Balance available on the date of death: \$ _____			
Name of bank/credit union		Address:	
Does the deceased own any vehicles? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes →	List Make, Model and Value of each vehicle.		
Are there any life insurance policies for the deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, enter the amount: \$ _____		Is there a prepaid funeral contract? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, enter the amount: \$ _____	
Will the spouse of the deceased receive a Social Security Death Benefit? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, enter the amount: \$ _____		What is your legal relationship to the deceased?	
Name of funeral home handling the burial/cremation:		Address:	Phone #:
Did you sign a Statement of Funeral Goods and Services with the funeral home? <input type="checkbox"/> No <input type="checkbox"/> Yes		What is the total cost of the burial/cremation?	Is there a memorial service? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is this a cremation? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is there a contribution from family and/or friends? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____	Was the deceased a veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Place of burial:			

I understand failure to provide the above information may result in denial of my application. I understand giving false information can result in referral to the prosecutor for prosecution for fraud. I understand that my application may be one of those chosen for a complete investigation, and an Agency representative may call at my home and may contact other people in order to verify my eligibility for assistance.

UNDER PENALTIES OF PERJURY, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO ME, AND, TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE. IF I AM A THIRD PARTY APPLYING ON BEHALF OF ANOTHER PERSON, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO THE APPLICANT, AND, TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE.

Signature of Applicant	Date	Signature of Spouse	Date
Current Address		Signature of FIA Specialist	Date
Current Phone Number		Identification of Applicant	

HEARINGS:

If you believe any action of the Agency is illegal, or if the decision to approve or deny your application is not made within 10 (ten) days of the application date, you have the right to a hearing. A request for a hearing must be in writing, signed by you or your authorized representative, and received by the Family Independence Agency within 90 days following the date of this form. Hearing requests should be sent to your local FIA. You are entitled to representation by an attorney or other person of your choice. However, this Agency does not pay for any legal expenses.

Worker Notes Documentation:

AUTHORITY: Act 280, P.A. 1939, as amended (sections 400.6, 400.14, 400.24, 400.68 MCL); 45 CFR 283, 120(b); Low Income Home Energy Assistance Act of 1981, as amended; MCL 400.10; Administrative Codes Rules 400.7001-400.7049	The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.
COMPLETION: Required	PENALTY: Denial of SER.